

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/088163

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4		3		3		3
5		3		3		3
6		2		2		2
7		2		2		2
8		1		1		1
9		1		1		1
10	1		1		1	
11	1		1		1	
12		2		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		2		2		2
17		2		2		2
18		2		2		2
19		2		2		2
20		1		1		1
21	1		1			
22	1		1			
23		1		1		
24		3		2		
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TOTAL IND.		↓	6	↓	4	↓
TOTAL DEP.		←	29	←	29	←
TOTAL CLAIMS			35		33	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831